KU INTERNAL MEDICINE WICHITA
The University of Kansas

Self Pay Patients

Patient: _____

DOB: _____

I, _____ understand that I am paying $200 today as a new patient ($100 for established patients) for my office visit and all additional charges that are incurred at my visit will be billed to me. **LAB** visits are **NOT** included and I will be billed separately from the lab facility.

I understand that I will be able to set up a payment plan with KU Wichita Medical Practice Association's billing department. Their phone number is 316-293-3429.

Patient Signature:_____ Date: _____

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